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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X]CLEC []ILEC [1Wireless]

 -		·	<u>-</u>			[]	2010-1	
		9	CERTIFICATED CO	OMPAN	IY INFORMATION		W	
Wind	dstream NuVox, Inc							
Com	pany Name		FEIN/SSN					
					501-748	3-7000		
Dba/	fka				Telephone	CE OF REGULATOR	RY STAFF	
_	4001 Rodi	nev Parha	m			PARIL		
Mail	ing Address							
	Lit	ttle Rock.	AR 72212			JUL 1 2 201	10	
City,	State, Zip Code	,			1111			
	40	001 Rodne	v Parham			TUU	المسالينا ليا	
Busir	ness Location							
	Lit	ttle Rock.	AR 72212		Pi	ulaski		
City,	State, Zip Code		The American		County	uiaski		
			REGISTERED A	<u>GENT I</u>	<u>NFORMATION</u>			
Regis	stered Agent:C1	Γ Corporat	ion System					
N A - 111	A.I.I	0.00						
Mailir	ng Address: 20	Office Park	CT_					
City,	State, Zip Code:Co	olumbia, S	C 29223					
	5							
	Pursuant to the Comm	<u>nission's r</u>	ules and regulation	s, print	<u>or type company co</u>	ontact for the follo	wing areas:	
٨	Chartlala	4000	5.14 D.1.14 W.					
Α.	General Manager (Inc	clude addres	5 Monroe Rd, Matthews	s, NC 28 e 1	3105			
	704-845-702			., 1	stacy.hale@windst	troom com		
	Telephone Number	<u>. </u>	Facsimile Number		E-mail Address	ream.com		
3.	Marlana John	2000	100 N Chamab Ota-	.41				
J.	Customer Relations /	Complaints	106 N Church Stre	et, Lexin ide addre	gton, SC 29072 ess if different than abo	VA)		
	802-957-2629		(mole	1				
	Telephone Number	<u> </u>	Facsimile Number		marlene.johnson@w E-mail Address	mustream.com		
21.	Mallia Chaum	ina	4700 O -II: - DI - I	.	110 000=0			
١.	Mollie Chewning 1720 Galleria Blvd, Charlotte, NC 28270 Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)							
	704-814-2531		(aprodomanto (d) 20	oulutou .	-		inan above.)	
	Telephone Number		Facsimile Number		mollie.chewning@wi E-mail Address	nostream.com		
C2.								
	Customer Contact (To	II Free Num	iber)					
).								
	Engineering Operation	ns (include:	address if different than	above.)				
		1		1				
	Telephone Number		Facsimile Number		E-mail Address			
Ξ.								
	Test and Repair (Inclu	ude address	if different than above.)				
	·		•	,				
	Telephone Number		Facsimile Number	· · · · · · · · · · · · · · · · · · ·	E-mail Address			

F.									
	Emergencies (During non-office hours)								
		1	1						
	Telephone Number	Facsimile Number	E-mail Address						
In ad	dition, please provide the following	ng company contact informa	tion to assist in proper routing of correspo	ondence and invoices:					
G.	Jayne Eve								
G .		address if different than abov	e.)						
	704-660-6680	1	/ jayne.t.eve@windstream.com						
	Telephone Number	Facsimile Number	E-mail Address						
H.	Vicki Anger								
	Dual Party Mailings (Name)	· · · · · · · · · · · · · · · · · · ·							
	4001 Rodney Parhan	Little Rock, AR 72212							
	Mailing Address	Little NOCK, AIN 12212							
	501-748-5196		/ vicki.anger@windstream.c	com					
	Telephone Number	Facsimile Number	E-mail Address						
l.	Tim Loken								
	Interim LEC Fund Mailings (Name)								
	4001 Rodney Parham	Little Rock, AR 72212	2						
	Mailing Address								
	501-748-7442 Telephone Number	/ Facsimile Number	/ timothy.p.loken@windstream.com						
	•	racsimile Number	E-mail Address						
J.	Amy Dudenhoefer Universal Service Fund Mailir	ngs (Name)							
		,							
	4001 Rodney Parham Mailing Address	Little Rock, AR 72212							
	501-748-5320	1	/ amy.dudenhoefer@windstream.com						
	Telephone Number	Facsimile Number	E-mail Address						
K.	Lezlie Young								
	Gross Receipts Mailings (Na	me)							
	4001 Rodney Parham	Little Rock, AR 72212							
	Mailing Address								
	<u>501-748-5150</u>		/ lezlie.p.young@windstream.com						
	Telephone Number	Facsimile Number	E-mail Address						
L.	<u>Jeff Heacox</u> Lifeline Mailings (Name)								
	- , ,								
	4001 Rodney Parham Mailing Address	Little Rock, AR 72212							
	501-748-5390	1	/ jeffrey.l.heacox@windstream.com						
	Telephone Number	Facsimile Number	E-mail Address						
			14 /	7					
	loffroy Honory								
	<u>Jeffrey Heacox</u> This form was completed by (pri	nt name\	Signature						
	, , , , , ,	,	7/0/12						
	<u>Staff Manager – Regu</u> Title	latory Government Affairs							
	Title		Date						
	RETURN COMPLETED FORM	TO:							
	Public Service Com	mission of SC	Office of Regulatory Staff						
	Docketing Departr		Attn: Jeanne Gordon						
	Post Office Drawer		1401 Main Street, Suite 900						
	Columbia, South Ca	arolina 29211	Columbia, South Carolina 29201	(Rev. PSC 01/2010)					